

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

06/24/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

### State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name: Sacramento Metropolitan Air Quality Management District

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

680382186

\* c. Organizational DUNS:

0264538990000

### d. Address:

\* Street1: 777 12th Street 3rd Floor

Street2:

\* City:

Sacramento

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 95814-1908

### e. Organizational Unit:

Department Name:

Division Name:

### f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name:

Mark

Middle Name:

\* Last Name:

Loutzenhiser

Suffix:

Title: Program Coordination Division Manager

Organizational Affiliation:

Sacramento Metropolitan Air Quality Management District

\* Telephone Number: 916-874-4872

Fax Number:

\* Email: mloutzenhiser@airquality.org

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Environmental Protection Agency

### 11. Catalog of Federal Domestic Assistance Number:

66.956

CFDA Title:

Targeted Airshed Grant Program

### \* 12. Funding Opportunity Number:

EPA-OAR-OAQPS-21-03

\* Title:

2021 Targeted Airshed Grant Program

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

PM 2.5 Community Air Shed Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

6

\* b. Program/Project

1, 3, 7

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

04/15/2022

\* b. End Date:

04/15/2027

**18. Estimated Funding (\$):**

\* a. Federal

7,070,148.00

\* b. Applicant

6,533,165.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

13,603,313.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

Ms.

\* First Name:

Patricia

Middle Name:

\* Last Name:

Kepner

Suffix:

\* Title:

District Controller

\* Telephone Number:

916-874-4823

Fax Number:

\* Email:

pkepner@airquality.org

\* Signature of Authorized Representative:

Ahmed Ali

\* Date Signed:

06/24/2021